Questcor is Cash Flow Positive

	2/18/11
Cash / ST Investment	**$127M***
Accounts Receivable	**$17M**

*After return of $67 million of cash to shareholders through share repurchases.

Debt-free balance sheet

QUESTCOR®

Go Forward Plan - Sell More Acthar

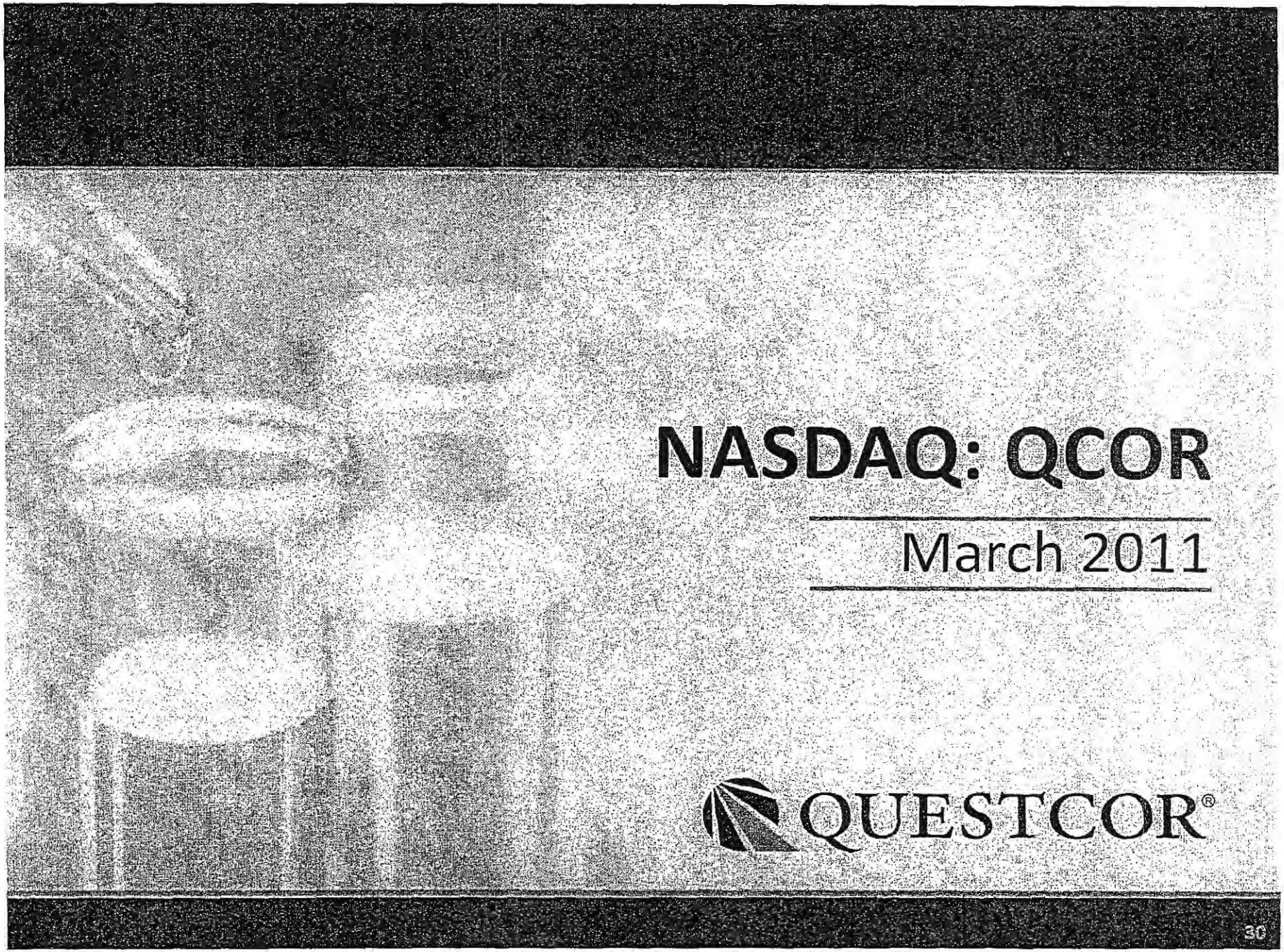
- Expanded sales force to pursue MS/IS
- Dedicated pilot NS sales team starting March 2011
- Develop other markets for Acthar
  - Acthar is its own pipeline with 15 other on-label and many possible other therapeutic uses
  - Further defining and developing the unique characteristics of Acthar
- No business development efforts planned

QUESTCOR®

Investment Highlights

- Questcor is streamlined, focused & profitable
- Acthar has sustainable competitive advantages
- Focus on substantial growth in MS sales
- Recent IS approval/label modernization
- Possible upside with NS
- Market sizes have good growth potential
- Cash flow positive/no debt

QUESTCOR®



SOLESTOR®

EXHIBIT C

Short-Term Dosing Regimens of H.P. Acthar® Gel (repository corticotropin injection) in the Treatment of Acute Exacerbations of Multiple Sclerosis

The information below is in response to your recent inquiry regarding short-term dosing regimens (shorter than the FDA-approved dosing regimen) of H.P. Acthar® Gel (Acthar) in the treatment of acute exacerbations of multiple sclerosis (MS).

Acthar is a long-acting porcine-derived highly purified preparation of adrenocorticotropin ($ACTH_{1-39}$). Acthar is indicated for the treatment of acute exacerbations of MS in adults.[1] Per the Package Insert, clinical trials have shown Acthar to be effective in speeding resolution of MS acute exacerbations. However, there is no evidence to date indicating that it impacts the ultimate outcome or natural history of the disease.[1] The recommended dose of Acthar for treatment of MS acute exacerbations is 80-120 units administered either intramuscularly (i.m.) or subcutaneously (s.c.) for 2-3 weeks. The study described in this document used a dosing regimen that is not FDA-approved for Acthar. Please refer to the enclosed Package Insert for a complete list of FDA approved indications, dosing and administration recommendations as well as safety information regarding the use of Acthar.[1] The use of Acthar is left to your own medical judgment.

Search Parameters

Published Literature

- **Databases searched:** EMBASE, Medline, BIOSIS
- **Date of literature search:** October, 2010
- **Search terms:** Acthar or ACTH or corticotropin or adrenocorticotropic hormone AND drug therapy or therapeutic use AND multiple sclerosis or multiple sclerosis relapsing remitting or multiple sclerosis chronic progressive
- **Search limits:** Studies in human AND published in English AND published from 1952 to the present

This literature search identified no studies investigating the efficacy of short-term dosing regimens for Acthar in MS acute exacerbations. However, one Questcor-sponsored randomized study comparing short-term (5-day) i.m. to s.c. Acthar administration is described below.[2] This study was not identified in the literature search above, but was an accepted abstract and presented as a poster at the 21st Annual Meeting of the Consortium of Multiple Sclerosis Centers. Please note that search results may not be representative of all published reports as only the disclosed search parameters and databases were utilized.

Synopsis of Published Literature

Simsarian et al. (2007)[2]

This Questcor-sponsored study was presented as a poster at the 21st Annual Meeting of the Consortium of Multiple Sclerosis Centers.

Design and Subjects

This study described an open-label, prospective, randomized study comparing short-term (5 days) i.m. and s.c. administration of Acthar in 20 patients with acute exacerbation of relapsing-remitting MS. Patients were randomized to i.m. (n=10) or s.c.

(n=10) treatment groups and were required to self-administer their medication from study days 1 to 5. Clinical features were assessed at baseline and again at study days 7 and 14 using the Clinical Global Impression (CGI) of Change, the Expanded Kurtzke Disability Status Scale (EDSS), and tests of dexterity. Additionally, each patient completed the Patient Global Impression (PGI) of Change and Visual Analog scales on days 2 to 14. Patients were also evaluated on their feelings regarding their treatment and how it compared to prior treatment with high-dose oral or intravenous (i.v.) corticosteroid therapy.

Drug, Dosage and Administration

- Each patient self-administered 80 IU Acthar i.m. or s.c. as a single daily injection for 5 days

Results-Efficacy

Nineteen patients completed the trial. One patient in the s.c. group withdrew because her double-vision was unimproved. At day 5, 7/10 patients in the i.m. group reported improvement in exacerbation symptoms on the PGI-Change scale (1 patient rated their symptoms as very much improved, 4 as much improved, and 2 as minimally improved); 2 patients reported no change and 1 rated their symptoms as minimally worse. At day 5, of the 9 patients in the s.c. group, 3 rated their symptoms as much improved and 1 as minimally improved. Three patients reported no change, 2 rated their symptoms as minimally worse, and 1 as much worse. At day 14, 4 patients in the i.m. group rated their symptoms as very much improved and 3 as much improved. Two patients reported no change. At day 14, 1 patient in the s.c. group reported very much improved symptoms and 3 reported much improved symptoms, 2 patients reported no change, 1 reported minimally worse symptoms, and 1 much worse symptoms. Differences between the i.m. and s.c. groups on the PGI-Change scale were not statistically significant.

Results from the CGI-Change scale were largely the same as on the PGI-Change scale with a majority of patients demonstrating improvement and a non-significant trend toward increased improvement among patients in the i.m. compared to the s.c. group. There were no significant treatment effects observed on the dexterity tests. There was a non-significant trend towards improvement on both the Visual Analog scale and the EDSS in both groups. The treatment regimen was viewed favorably by a majority of patients and a majority in both groups stated that they would request the treatment regimen again and would prefer it over high-dose oral or i.v. corticosteroids.

Results-Safety

Seven of 10 patients in the i.m. group reported pain associated with injection that was classified as mild (n=6) or moderate (n=1). Three of 9 patients in the s.c. group reported mild pain associated with injection. Other adverse events included ear infection (2 patients in the s.c. group), exhaustion, hearing sensitivity, muscle spasm, numbness in left face, numbness in left hand and leg, optic neuritis in left eye, pain and numbness in back and neck, paresthesia in left or right hand, sinus headache, sore throat, urinary tract infection, and weight gain, each reported by 1 patient (patients could report more than 1 adverse event).

H.P. Acthar® Gel (native ACTH) Important Safety Information

H.P. Acthar® Gel (repository corticotropin injection) is indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age, for the treatment of acute exacerbations of multiple sclerosis in adults, and may be used for the following disorders and diseases: rheumatic; collagen; dermatologic; allergic states; ophthalmic; respiratory; and edematous state.

H.P. Acthar Gel (Acthar) should never be given intravenously. It is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency or adrenocortical hyperfunction or sensitivity to proteins of porcine origin. Acthar is contraindicated in children under 2 years of age with suspected congenital infections. Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar.

The adverse effects that may occur with Acthar are related primarily to its steroidogenic effects and are similar to corticosteroids. There may be increased susceptibility to new infection and increased risk of reactivation of latent infections. Adrenal insufficiency may occur after abrupt withdrawal of the drug following prolonged therapy. Cushing's syndrome, elevated blood pressure, salt and water retention and hypokalemia may be seen. Masking of symptoms of other underlying disease/disorders may occur. There is a risk of gastrointestinal perforation and bleeding with increased risk of perforation in patients with certain GI disorders. Onset or worsening of euphoria, insomnia, irritability (especially in infants), mood swings, personality changes, depression and psychosis may occur. Caution should be used when prescribing Acthar to patients with diabetes or myasthenia gravis. Prolonged use may produce cataracts, ocular infections or glaucoma. Use in patients with hypothyroidism or liver cirrhosis may result in an enhanced effect. There may be negative effects on growth and physical development and decreases in bone density.

Specific adverse reactions reported in infantile Spasms (IS) clinical trials in infants and children under 2 years of age included: infection, hypertension, irritability, Cushingoid symptoms, constipation, diarrhea, vomiting, pyrexia, weight gain, increased appetite, decreased appetite, nasal congestion, acne, rash and cardiac hypertrophy. Convulsions were also reported but these may actually be occurring because some IS patients progress to other forms of seizures and IS sometimes mask other seizures which become visible once the clinical spasms from IS resolve. Other adverse reactions in adults and children over 2 years of age may include: abdominal distension, anxiety, asthma, chest discomfort, congestive heart failure, dizziness, dyspnea, erythema, fatigue, flushing, headache, hyperhidrosis, hypersensitivity or allergic reactions, injection site pain, muscle weakness, palpitations, peripheral edema, tachycardia, and weakness.

This is a summary only. For a complete list of indications, contraindications, warnings, precautions, and potential adverse reactions associated with Acthar, please refer to the full prescribing information. A Medication Guide is also available for caretakers of patients with IS.

References:

1. H.P. Acthar® Gel (repository corticotropin injection) [Package Insert and Medication Guide]. Union City, Calif: Questcor Pharmaceuticals, Inc.; October 2010.

2. Simsarian JP, Saunders C, Smith DM, Sipe R. Trial evaluating two routes of administration of H.P. Acthar® Gel for exacerbations of MS. Presented at 21st Annual Meeting of the Consortium of Multiple Sclerosis Centers (May 30 – June 2, 2007; Washington, DC). SM-012-00.

Enclosures:

- H.P. Acthar® Gel (repository corticotropin injection) [Package Insert and Medication Guide]. Union City, Calif: Questcor Pharmaceuticals, Inc.; October 2010.
- Simsarian JP, Saunders C, Smith DM, Sipe R. Trial evaluating two routes of administration of H.P. Acthar® Gel for exacerbations of MS. Presented at 21st Annual Meeting of the Consortium of Multiple Sclerosis Centers (May 30 – June 2, 2007; Washington, DC). SM-012-00.

EXHIBIT D

Objectives

- Evaluate individual territory goals (in new alignment) and ideal method for goal setting and payout structure
- Determine best approach for MS and IS (combined or separate)
- Be cautious with making too many significant changes, given past sales growth and very positive feedback on incentive plan
- "Must haves":
  - Quarterly goals with monthly payouts (short-term goals & rewards)
  - Payouts that escalate with achievement
  - Simple, easy to remember structure
  - Uncapped earning potential
  - Payouts for commercially paid referrals only (exclude NORD & Medicaid)

Acthar

We considered multiple factors to determine correlation, and appropriate weighting that would best predict future performance

- Product History (last 3 quarters)
- Market TRx ("basket" of disease modifying agents)
- # of Targets
- # of Quarters covered (within the last 12 months)
- # of Sales Calls (last quarter)

Actha

Based on the analysis, two factors were considered for the model

- Product History (last 2 quarters)
- Market TRx
- # of Targets
- # of Quarters covered (within the last 12 months)
- # of Sales Calls (last quarter)

Actual

How goal-setting works

- Goal allocation is
  - 35% based on MS referrals contribution over past 2 quarters (rolling)
    - 35% weighting on history maintains a fair goal setting method, especially among high volume territories
  - 65% based on our overall national forecast (fixed goal)
- Set minimum goal of 4 (for target payout). Except when territory is partially covered resulting in a reduction of 1 referral from goal
- Maximum goal of 9

Acthar

Summary – The New MS Plan

- Provides target payout ($8,000/quarter) for reaching goal
- Payout potential is significant and uncapped
- Maintains monthly payout structure
- Added $5,000 tier for achieving 10 referrals **over** goal
- Eliminates "one-off" incentive plan variants, such as "new hire plan", "Brod plan", etc.

MS Incentive Plan

Transitioning territory from "Old" to "New" reps

H.P. Acthar® GEL
(repository corticotropin injection) 80 U/mL

Transition Incentive Plan: Q4

- The Transition Incentive Plan continues until a 3-month transition period expires
  - New Specialists will be paid based on Q4 incentive bonus plan
  - Existing Specialists will receive $500 per referral in Q4 up to a total of 3 months from the time a new Specialist starts making calls in their "old" territory (this 3 month period can include time in Q3 as well); this $500 is paid only on referrals from MDs the existing Specialist had been calling on.
  - This plan will terminate at the end of Q4.

Actha

New Hire Q4 Contest

- *Top New Specialist and New Manager for Q4:*
- Among new hires in Q3, the Specialist that earns the most incentive bonus dollars from MS referrals will be named the Top New Specialist and will receive an additional $2,000.
- The Top New Regional Manager that earns the highest bonus payout for MS in Q4 will be awarded an additional $3,000.

*Tiebreaker will be total shipped referrals.

Achan

IS Incentive Plan

H.P. Acthar® GEL
(repository corticotropin injection) 80 U/mL

Background & Approach

- Pay for growth in paid/shipped referral volume
- Don't distract efforts from MS. The IS plan would be incremental to the MS plan.
- Account for variation among territories and from quarter-to-quarter
- Historical Data:
  - Over the past four quarters (rolling), 100% of territories (under new alignment) have average quarterly referral volume that ranges between 0-2 (rounding down)

Achan

Q4 2010 - IS Incentive Plan

- Payouts for all paid/shipped referrals over baseline
- Payouts escalate rapidly due to low volume
- $5,000 payout begins at +5 over baseline

+/- Baseline	Referral vs. Baseline	Incremental Payout	Total Payout
T-3	-3	$0	$0
T-2	-2	$0	$0
T-1	-1	$0	$0
B (Baseline)	0	$0	$0
B+1	1	$2,000	$2,000
B+2	2	$3,000	$5,000
B+3	3	$4,000	$9,000
B+4	4	$4,000	$13,000
B+5	5	$5,000	$18,000
B+6	6	$5,000	$23,000
B+7	7	$5,000	$28,000
B+8	8	$5,000	$33,000
B+9	9	$5,000	$38,000
B+10	10	$5,000	$43,000
B+11	11	$5,000	$48,000
B+12	12	$5,000	$53,000
B+13	13	$5,000	$58,000
B+14	14	$5,000	$63,000
B+15	15	$5,000	$68,000

Acthar

Examples

1. Territory with history of 1.5 referrals/quarter, baseline of 1, achieves 3 in Q4
2. Territory with history of 2.5 referrals/quarter, baseline of 2, achieves 2 in Q4
3. Same as # 2, but achieves 6 in Q4

Average	Baseline	Q4 Actuals	+/- Baseline	Payouts
1.5	1	3	2	$5,000
2.5	2	2	0	$0
2.3	2	6	4	$13,000

Acthar

FAQs

- How will the bonus plan work for reps who start in the middle of the quarter?
- What are the targeting expectations in Q4?
- Will I be paid for IS referrals if I miss my MS goal and visaversa?
- The payout chart ends at T+50. What happens after that?

Accenture

Q4 MS Incentive Plan Worksheet & Final Territory Goals

Region	Territory	MS History (A)	Fixed Goal (B)	Q4 2010 Goal Calculation	Final Q4 2010 Goal	Q4 Comm Shipped Referrals	Performance to Goal	Total Payout
Atlantic	Baltimore	5.5	4.5	5	8			$0
Atlantic	DC	1.5	4.5	3	4			$0
Atlantic	East Virginia	3.0	4.5	4	4			$0
Atlantic	North DC	3.0	4.5	4	4			$0
Atlantic	Raleigh	5.0	4.5	5	5			$0
Atlantic	West Virginia	6.0	4.5	5	8			$0
Big South	Baton Rouge	0.0	4.5	3	4			$0
Big South	[illegible]	0.5	4.5	3	3			$0
Big South	Charlotte	2.0	4.5	4	4			$0
Big South	Memphis	3.0	4.5	4	4			$0
Big South	New Orleans	6.5	4.5	5	5			$0
Big South	[illegible]	6.0	4.5	5	4			$0
Central	Cincinnati	8.0	4.5	0	6			$0
Central	Cleveland	4.5	4.5	5	5			$0
Central	Knoxville	9.5	4.5	7	7			$0
Central	Nashville	1.0	4.5	3	4			$0
Central	North Indianapolis	6.0	4.5	5	8			$0
Central	South Indianapolis	2.0	4.5	4	4			$0
Midwest	St Louis	4.0	4.5	4	4			$0
Midwest	Ann Arbor	6.5	4.5	5	8			$0
Midwest	Columbus	1.0	4.5	3	4			$0
Midwest	North Detroit	8.0	4.5	6	6			$0
Midwest	Peoria	10.5	4.5	7	7			$0
Midwest	South Detroit	3.5	4.5	4	4			$0
Great Lakes	Grand Rapids	1.0	4.5	3	4			$0
Great Lakes	[illegible]	0.5	4.5	3	3			$0
Great Lakes	Milwaukee	1.5	4.5	3	4			$0
Great Lakes	[illegible]	3.0	4.5	4	3			$0
Great Lakes	[illegible]	3.0	4.5	4	3			$0
Mountain	Albuquerque	0.0	4.5	3	4			$0
Mountain	Colorado Springs	2.5	4.5	4	4			$0
Mountain	[illegible]	4.5	4.5	5	4			$0
Mountain	[illegible]	1.0	4.5	3	9			$0
Mountain	West Minneapolis	1.5	4.5	3	4			$0
Mountain	Omaha	2.5	4.5	4	4			$0
New England	Connecticut	8.5	4.5	6	8			$0
New England	[illegible]	5.5	4.5	5	4			$0
New England	Providence	0.5	4.5	3	4			$0
New England	Buffalo	1.0	4.5	3	4			$0
New England	Albany	2.0	4.5	4	4			$0
New England	Boston	0.5	4.5	3	4			$0
New England	Worcester	5.0	4.5	5	5			$0
Northcentral	[illegible]	2.0	4.5	4	3			$0
Northcentral	[illegible]	0.5	4.5	3	3			$0
Northcentral	North Philadelphia	5.5	4.5	5	8			$0
Northcentral	Pittsburgh	5.0	4.5	5	5			$0
Northcentral	[illegible]	0.0	4.5	3	3			$0
Northcentral	[illegible]	2.0	4.5	4	3			$0
Northeast	Brooklyn	6.0	4.5	0	5			$0
Northeast	[illegible]	0.0	4.5	3	3			$0
Northeast	[illegible]	5.0	4.5	5	4			$0
Northeast	[illegible]	2.0	4.5	4	5			$0
Northeast	North New Jersey	14.5	4.5	8	8			$0
Northeast	[illegible]	1.0	4.5	3	3			$0
Northwest	East Bay	5.5	4.5	5	5			$0
Northwest	[illegible]	1.0	4.5	3	3			$0
Northwest	Salt Lake City	0.0	4.5	3	4			$0
Northwest	San Francisco	0.0	4.5	3	4			$0
Northwest	[illegible]	0.0	4.5	3	3			$0
Northwest	[illegible]	0.0	4.5	3	3			$0
Southeast	Jacksonville	5.0	4.5	5	5			$0
Southeast	Miami	5.0	4.5	5	5			$0
Southeast	North Atlanta	5.0	4.5	6	8			$0
Southeast	Orlando	6.5	4.5	5	5			$0
Southeast	South Atlanta	5.5	4.5	5	8			$0
Southeast	Tampa	8.0	4.5	8	6			$0
Southwest	Dallas	3.0	4.5	4	4			$0
Southwest	Fort Worth	1.0	4.5	3	4			$0
Southwest	Houston	16.0	4.5	9	9			$0
Southwest	Kansas City	8.5	4.5	6	0			$0
Southwest	Oklahoma City	4.5	4.5	8	8			$0
Southwest	San Antonio	10.0	4.5	7	7			$0
West	[illegible]	2.0	4.5	4	3			$0
West	Long Beach	14.5	4.5	9	0			$0
West	Los Angeles	1.0	4.5	3	4			$0
West	Phoenix	9.0	4.5	6	6			$0
West	San Diego	1.5	4.5	3	4			$0
West	[illegible]	1.0	4.5	3	3			$0

Payout Grid

Performance to Goal	Payout Per Incremental Referral	Total Payout
T-9	$0	$0
T-8	$0	$0
T-7	$0	$0
T-6	$0	$0
T-5	$0	$0
T-4	$0	$0
T-3	$1,500	$1,600
T-2	$1,500	$3,000
T-1	$2,500	$5,500
T (Goal)	$2,500	$8,000
T+1	$2,500	$10,500
T+2	$2,500	$13,000
T+3	$3,000	$16,000
T+4	$3,000	$19,000
T+5	$4,000	$23,000
T+6	$4,000	$27,000
T+7	$4,000	$31,000
T+8	$4,000	$35,000
T+9	$4,000	$39,000
T+10	$5,000	$44,000
T+11	$5,000	$49,000
T+12	$5,000	$54,000
T+13	$5,000	$59,000
T+14	$5,000	$64,000
T+15	$5,000	$69,000
T+16	$5,000	$74,000
T+17	$5,000	$79,000
T+18	$5,000	$84,000
T+19	$5,000	$89,000
T+20	$5,000	$94,000
T+21	$5,000	$99,000
T+22	$5,000	$104,000
T+23	$5,000	$109,000
T+24	$5,000	$114,000
T+25	$5,000	$119,000
T+26	$5,000	$124,000
T+27	$5,000	$129,000
T+28	$5,000	$134,000
T+29	$5,000	$139,000
T+30	$5,000	$144,000
T+31	$5,000	$149,000
T+32	$5,000	$154,000
T+33	$5,000	$159,000
T+34	$5,000	$164,000
T+35	$5,000	$169,000
T+36	$5,000	$174,000
T+37	$5,000	$179,000
T+38	$5,000	$184,000
T+39	$5,000	$189,000
T+40	$5,000	$194,000
T+41	$5,000	$199,000
T+42	$5,000	$204,000
T+43	$5,000	$209,000
T+44	$5,000	$214,000
T+45	$5,000	$219,000
T+46	$5,000	$224,000
T+47	$5,000	$229,000
T+48	$5,000	$234,000
T+49	$5,000	$239,000
T+50	$5,000	$244,000

	Territory Total Payout	Regional Manager Payout
Atlantic	$0	$0.00
Big South	$0	$0.00
Central	$0	$0.00
Midwest	$0	$0.00
Great Lakes	$0	$0.00
Mountain	$0	$0.00
New England	$0	$0.00
Northcentral	$0	$0.00
Northeast	$0	$0.00
Northwest	$0	$0.00
Southeast	$0	$0.00
Southwest	$0	$0.00
West	$0	$0.00
Total	$0	$0.00

[illegible]

MS History (A) - The quarterly commercially shipped referral average over the past 6 months.
Fixed Goal (B) - The average forecasted commercially shipped referrals per territory
[shaded] Territories filled after HSM - adjusted down 1 in goal

IM vs SC Dosing: Results of a Recent Study (Disclaimer)

- A recent publication comparing IM and SC dosing regimens of H.P. Acthar Gel in healthy volunteers has been conducted (Brod & Morales, 2009).
  - Questcor provided funding for the study discussed in the article and supported this publication.
  - The referenced publication contains information which is not consistent with the labeling of H.P. Acthar Gel. Please refer to the Package Insert for a description of H.P. Acthar Gel and full prescribing information.
  - The potential side effects of H.P. Acthar Gel are not discussed in the publication. Please refer to the Package Insert for potential side effects, precautions and warnings associated with H.P. Acthar Gel.

SC indicates subcutaneous.

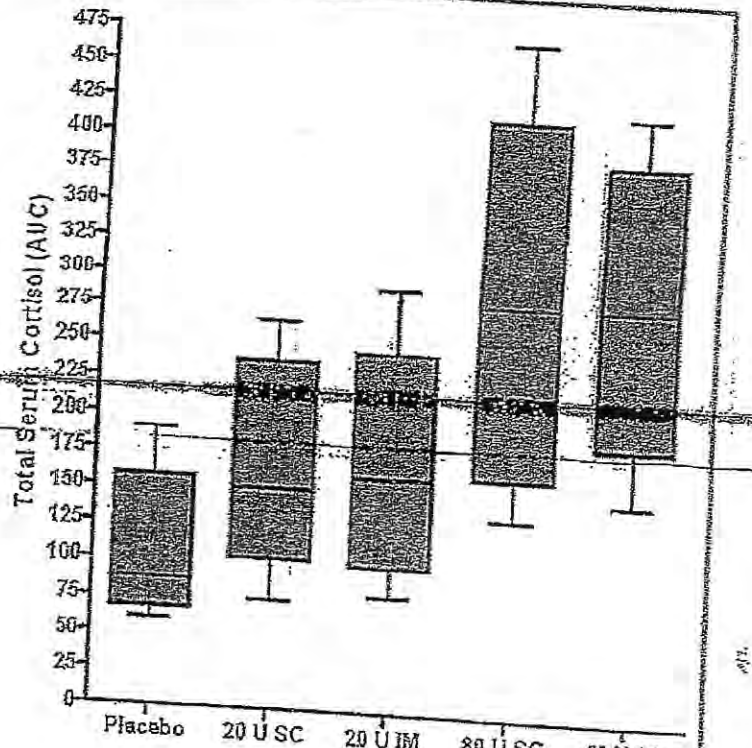
IM vs SC Dosing: Results of a Recent Study in Healthy Volunteers

Study design

- 20 healthy volunteers (10 male, 10 female) received 5 injections, randomly chosen to be either
  - Placebo (IM or SC)
  - Acthar: 20 U SC, 20 U IM, 80 U SC, 80 U IM*
- Serum cortisol concentrations were measured

Results

- Compared to placebo, SC and IM injections of 20 U and 80 U all increased total serum cortisol
- No difference was seen between 20 U SC and 20 U IM or 80 U SC and 80 U IM



Permission requested.

*H.P. Acthar Gel is indicated for the treatment of acute exacerbations in patients with MS; daily IM doses of 80-120 U for 2-3 weeks may be administered (see disclaimer slide).

Brod SA and Morales MM. *Biomedicine Pharmacother.* 2009;63(4):251-253.

H.P. Acthar Gel
(repository corticotropin injection) 80 U/mL

EXHIBIT E